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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: Property and Asset Retention	The state of the s	
(Name of Limited	d Liability Company)	
The enclosed Articles of Organization and fee(s) are so	ubmitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Joseph A. Blomer		
0	Name of Person)	
Property and Asset Retention S	Services, LLC	
(Firm/Company)	
7760 NW 44th Street, # 108		
	(Address)	•
Sunrise, Florida 33351		
· · · · · · · · · · · · · · · · · · ·	/State and Zip Code)	
For further information concerning this matter, please	call:	
To the same of the		
Joseph A. Blomer	at (954) 675-8642	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	JUL-2	Table
\$125.00 Filing Fee \$\bigcup \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compa	any is:
Property and Asset Retention Services, L	
(Must end with the words "Limited Liability Company	, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2020 NW 75th Avenue	7760 NW 44th Street, # 108
Plantation, Florida 33322	Sunrise, Florida 33351
	Mark
	istered Office, & Registered Agent's Signature:
business entity with an active Florida registration.)	An Registered Agent. You must designate an individual or another
-	
The name and the Florida street address of	of the registered agent are:
Joseph A. Blomer	
	Name
2020 NW 76th Avenu	ue
Florida si	treet address (P.O. Box NOT acceptable)
Plantation, Florida 3332	22 FT.
	, State, and Zip
Uming how yourd as varietand asset	and to account namine of average for the above stated limited
	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as
	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S.
	plete performance of my duties, and I am familiar with and
	as registered agent as provided for in Chapter 608, F.S. $\frac{1}{53}$
\cap \cap	
land	A Storm
Registered Agent'	's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>		Name and Address:	
"MGR" = Manager			
"MGRM" = Manag	ing Member		
MGR		Joseph A. Blomer	
	• •	2020 NW 76th Avenue	
		Plantation, Florida 33322	
	-		
			
	•		
			<u>.</u>

(Use attachment if	necessary)		
CLE V: Effective dat	te, if other than the da	ate of filing:(C	
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CLE V: Effective date effective date is lister 0 days after the date REQUIRED SIGN Filing Fees: \$125.00 Filing Fee	ignature of a member of this document constitute that the facts stated her Type for Articles of Organizered Agent	precific and cannot be more than five buses of an authorized representative of a member. on 608.408(3), Florida Statutes, the execution tess an affirmation under the penalties of perjury ein are true.)	SECRETARY TALLAHASSE